

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Federally Qualified Health Center Expansion

STATUTORY AUTHORITY:

Health Care Reform Act 1992, Chapter 160

GRANT PROGRAM NO. 06-45-CHS

TYPE OF AWARDS TO BE ISSUED:

Letters of Agreement or Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To provide funding to Federally Qualified Health Centers (FQHC) supported under Sections 330 of the "Public Health Service Act", and other Centers designated as FQHCs to enable expanded hours of operation to evenings and weekends, and to promote community-based primary health care as an alternative to hospital emergency departments. Funds will be used to provide reimbursement for uninsured preventive and primary care visits above a predetermined baseline.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

The availability of funds for this program is contingent on appropriation of funds to the Department. Approximately \$11.0 million should be available in SFY 2006 to support FQHCs participating in the program through a letter of agreement from July 1, 2005 to June 30, 2006.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

FQHCs participating, through a LOA, in the FQHC Expansion Program.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Federal designation as a FQHC or federal designation as a FQHC "look alike", and current or prior participation in the program.

APPLICATION PROCEDURES:

Either response to a Request for Application (RFA), completion of the Grant Application forms and timely submission to the Program Office; or a signed Letter of Agreement in accordance with time frames specified.

FOR INFORMATION CONTACT:

Office of Primary Care

Division of Family Health Services

50 East State Street

P.O. Box 364

Trenton, NJ 08625

TELEPHONE: (609) 292-1495

FAX: (609) 292-3580

E-MAIL: Carleton.Lee@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Completed applications and/or signed agreements are due in the program office on the date specified in the RFA or LOA.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS

Notification will be approximately 4 weeks after receipt of the Grant Application or receipt of the signed LOA.